

MENTAL HEALTH WEEKLY

Essential information for decision-makers

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New York state awards funding to providers in push to reform HC system

In a move to help behavioral health providers integrate care, negotiate contracts and provide a broader array of services, New York Gov. Andrew Cuomo announced Jan. 4 \$60 million in awards to select providers to further support efforts to transform to a value-based payment (VBP) model.

The \$60 million will be awarded over three years to 19 mental health and addiction services providers, considered Behavioral Health Care Collaboratives (BHCCs), as part of the transformation of the state's Medicaid system, officials said. The governor initiated the State's Medicaid Redesign Team to restructure the state's Medicaid program to improve health, enhance quality and lower health care costs (see *MHW*, Feb. 7, 2011). The awards range from \$750,000 to \$5,000,000.

"Implementation of value-based payment in the health care arena is part of New York's ongoing efforts to reform our health care delivery sys-

Bottom Line...

Behavioral health providers awarded the funding are expected to deliver their initial work plan in February.

tem by incentivizing and paying for success and positive outcomes rather than paying providers based on the amount of service they provide," Lauri Cole, executive director of the New York State Council for Community Behavioral Healthcare, told *MHW*.

Cole noted that mental health and substance use/addiction providers around the state are preparing their organizations to participate in value-based contracting with various payers, including Medicaid managed care organizations (MCOs), as discussed in New York's Value Based Payment Roadmap.

The New York State Council for Behavioral Healthcare has been offering its members training and technical assistance opportunities

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WHO's plans to add gaming disorder as mental health condition raise questions

The World Health Organization's (WHO's) announcement this month that it plans to recognize gaming disorder as a mental health condition in its forthcoming *11th Revision of the International Classification of Diseases (ICD-11)* is raising some

concerns, most notably due to insufficient evidence and the need for more research, those in the field say.

WHO released a Beta Draft on gaming disorder, which they say is characterized by a pattern of persistent or recurrent gaming, which may be online or offline, manifested by: (1) impaired control over gaming (e.g., onset, frequency, intensity, duration, termination context); (2) increasing priority given to gaming to the extent that gaming takes precedence

Bottom Line...

Researchers are calling for more studies to determine whether playing video games obsessively would be considered a mental health disorder.

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VBP from page 1

on VBP, said Cole. “While there is no one date on which a switch gets thrown and VBP begins, by the end of 2018 MCOs need to show that a significant percentage of their contracts with Medicaid providers include an alternative payment arrangement or they risk being penalized. So we expect things to speed up this year,” said Cole, who is on the New York State Value Based Payment Workgroup under the direction of State Medicaid Director Jason Helgeson.

Cole added, “The funding will allow the newly formed networks of providers to implement a strategic plan that likely includes hiring key personnel to support the activities of the network and (in some instances) formation of an independent practice association (IPA) or other legal business structure.”

Of the 19 BHCCs that received funding, some had dozens of providers as part of their application, while others had just a few, Cole explained. “Initially I think we will see the majority of networks working internally to form a legal business entity and to create the infrastructure needed to function in a value-based contracting environment,” she said. “Over time, provider networks located near one another may try to integrate in some fashion.”

Incentivizing agencies

Due to the wide range of resources agencies have at their disposal (some have funds to take on new initiatives; others do not), the state incentivized agencies of all sizes and operating budgets across the behavioral health continuum of care to form large regional networks, said Cole.

These networks work together to enhance quality of care, integrate services, maintain uniform standards of care, collect data along a mutually agreed-on set of metrics, communicate with one another efficiently via shared technology and (where possible) take on risk in contracts with insurers, she said.

The state made a commitment to the Centers for Medicare & Medicaid Services that the majority of Medicaid managed care contracts will include an alternative payment arrangement of some kind within the next several years, Cole said. “The state is hoping the BHCC awards will pave the way towards assisting the behavioral health sector to participate in value-based care contracts,” she said.

Cole added that the funding will assist these newly formed provider networks to (hopefully) improve outcomes for care recipients and (in the case of an IPA) leverage better rates and more favorable contract terms.

Coordinated Behavioral Care

Coordinated Behavioral Care (CBC) in New York City, one of the BHCCs, was awarded \$5 million. Its CEO told *MHW* that it’s important to figure out how to operationalize this new business model of VBP. “How do we change the system and improve outcomes versus the current model of fee-for-service (FFS)?” said Jorge Petit, M.D. “The goal is to move away from volume and start looking at value.”

Petit noted that it’s important to ask “Are we getting the right outcomes for our patients?” He added, “Value-based payment is the way to ultimately get us there. Our patients have chronic medical conditions, in addition to mental health and substance use conditions.”

The state has tasked the agencies to prepare for VBP and to come together and partner with other agencies. “A community-based agency on their own will have a hard time entering into a VBP arrangement,” said Petit. “There are too many health plans, and membership is spread across them all. This effort helps agencies come together.”

“There are so many plans in NYS that it’s easier for managed care organizations to enter into agreements with one entity versus multiple providers,” he said. It’s about simplicity, rather than having a sepa-

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rate contract with every single organization, he added.

Petit added that these lead agencies must submit the application, get the funding and prepare themselves to work collaboratively. Many will have to consider the need to ultimately develop into an IPA or an accountable care organization, he said. An IPA has the ability to represent a group of providers or agencies and enter into contractual arrangements with managed care organizations around VBP, Petit explained.

CBC is already an IPA, he said. "We're made up of 15 of the largest community behavioral organizations that work in the behavioral health space," said Petit. Another 35 agencies across the city collectively deliver services to more than 200,000 Medicaid recipients.

"I think we will need to team up with primary care groups outside of the BHCCs," he said. "Luckily, CBC has several FQHCs [Federally Qualified Health Centers] as part of our network, and growing. The more you can partner, the better off you are when you go in front of a managed care organization and start to talk about VBP and total cost of care."

Work-plan development

In order to receive the first year of funding, the select agencies will need to develop a work plan, which is due in February, noted Petit. "The work plan will include responses to such questions as: 'How do we use information for patient care?' he not-

ed. 'What services do we get?' 'How do we deal with quality oversight?' and 'What are the quality measures we're reporting on?'"

Petit added, "We'll be looking at quality measures, developing a quality oversight structure and looking at clinical integration standards as well."

for several years now. Five teams are involved in helping to decrease readmissions and emergency department visits, and improve follow-up medical and behavioral health care. The state Office of Mental Health has been very supportive of the program, said Petit.

'We'll be looking at quality measures, developing a quality oversight structure and looking at clinical integration standards as well.'

Jorge Petit, M.D.

Meanwhile, CBC is already in conversations with managed care organizations. "We're at an advantage compared to other agencies but for the purposes of the BHCCs, it's not necessary to have an IPA to be a recipient," he said. The overarching idea is getting more providers to work collaboratively, Petit noted. "We're already working together as an IPA on clinician standards, quality oversight, and technology and data analytics, to get us closer to work with managed care around a VBP arrangement."

CBC is also a health home, he said. Petit pointed to the organization's innovative programs, such as the Pathway Home program, a care transition program, up and running

"CBC is developing an IT and Data Analytic Strategy that will take the IPA and our network of providers into a fully integrated system of care, and the BHCC funding will allow us to deliver on that strategy," said Petit.

The New York State Council's Cole said some health care analysts are saying there had been a slowdown at the federal level in terms of pushing states and their providers to move to a VBP reimbursement strategy. But Cole says New York does not appear to be "taking its foot off the gas pedal." •

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Lawsuit alleges Massachusetts CMHC committed fraud

Citing a Massachusetts community mental health center's widespread pattern of employing unlicensed, unqualified and unsupervised staff at its mental health facilities in violation of the state's Medicaid program, the state attorney general on Jan. 9 filed a lawsuit alleging fraudulent billings.

The 95-page complaint alleges that by submitting claims to

Bottom Line...

South Bay Mental Health Center officials deny the allegations and say they intend to resolve the matter "as efficiently as possible." Their response to the lawsuit is due in court Feb. 16.

MassHealth for mental health services provided by unlicensed and unsupervised personnel, South Bay Com-

munity Services (formerly known as South Bay Mental Health) submitted fraudulent claims in violation of the Massachusetts False Claims Act.

According to the complaint, the Commonwealth of Massachusetts is taking this action against South Bay Mental Health Inc., Community Intervention Services Inc., and Community Intervention Services Hold-

Continues on next page

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ings Inc., to recover payments made by MassHealth as a result of the false claims the defendants submitted to MassHealth from at least August 2009 to the present.

From August 2009 to the present, MassHealth and its contracted managed care entities paid South Bay more than \$123 million for outpatient services, including mental health counseling, such as psychiatric diagnostic evaluations and psychotherapy. The attorney general's office estimates that a significant portion of that \$123 million was based on fraudulent claims for services rendered by unlicensed, unqualified and unsupervised staff to more than 30,000 MassHealth members, according to a release from Attorney General Maura Healey's office.

gaps in licensing and supervision of therapists during the relevant time period. Many of the employees at South Bay clinics who were performing mental health services did not have degrees in social work (and therefore were not even license-eligible) and instead had degrees in such areas as expressive therapy, art therapy, creative arts therapy, school counseling, somatic counseling and agency counseling. For example, the Attleboro Clinic, which had 125 employees, had only two licensed supervisors who could not have possibly provided the necessary supervision to all of the other unlicensed clinicians, according to the attorney general.

MassHealth pays for mental health services provided to MassHealth members by qualified clini-

most in the New England area."

The complaint notes that among the various professionals and staff, each mental health center must "have a balanced interdisciplinary staffing plan that includes three or more core professional staff members who meet the qualifications outlined in 130 CMR 429.424 for their respective professions. Of these, one must be a psychiatrist, and two must be from separate nonphysician core disciplines, including psychology, social work, or psychiatric nursing."

Each mental health center must also designate a professional staff member to be the clinical director, according to the complaint. The clinical director must be licensed, certified or registered to practice as a board-certified psychiatrist, a licensed psychologist, a licensed independent clinical social worker or a registered psychiatric nurse, and must have had at least five years of full-time supervised clinical experience subsequent to obtaining a master's degree, two years of which must have been in an administrative capacity.

Even in clinics where there were supervisors with the appropriate licenses, many unlicensed, master's-level clinicians were not actually receiving required clinical supervision. Staffing and supervision deficiencies existed at all 17 South Bay clinics (as detailed below) throughout the entire relevant time period, the complaint stated.

The attorney general's investigation into these allegations began after a whistleblower lawsuit was filed by a former South Bay Mental Health Center employee in August 2015 in the U.S. District Court for the District of Massachusetts, according to the attorney general's office. Through this lawsuit, the attorney general's office is seeking triple damages, civil penalties and prejudgment interest. South Bay's response to the lawsuit is due in court Feb. 16. •

'This company provided substandard care to many vulnerable patients and fraudulently billed the state for its inadequate services.'

Maura Healey

"This company provided substandard care to many vulnerable patients and fraudulently billed the state for its inadequate services," Healey said in a statement. "MassHealth members deserve competent treatment from qualified individuals, and our office will continue to take action in order to remove these significant barriers to accessing critical mental health care in our state."

South Bay MH Center

South Bay operates mental health facilities across the state, including in Attleboro, Brockton, Cape Cod, Chelsea, Dorchester, Fall River, Lawrence, Leominster, Lowell, Lynn, Malden, Pittsfield, Plymouth, Salem, Springfield, Weymouth and Worcester.

The attorney general's office alleges that all of the 17 clinics named in the complaint featured significant

clinicians and counselors who are subject to certain licensure and/or supervision requirements. Mental health centers, including parent centers and satellite facilities, that employ those rendering mental health services must comply with certain core staffing and supervision requirements set out in applicable regulations.

In response to the allegations, officials from South Bay Mental Health Center released the following statement: "South Bay Community Services does not agree with the allegations and intends to follow the legal steps necessary to resolve this matter as efficiently as possible. We remain focused on the well-being of our consumers and employees. Our daily operations have not been affected, and we will continue to provide the best possible behavioral health services to those who need it

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NEDA pushes to close eating disorders research, treatment gap

The National Eating Disorders Association (NEDA) announced a new round of grant recipients in efforts to close the gap in the severely underfunded field of eating disorders research and treatment, officials stated.

NEDA embarked on its fifth annual Feeding Hope Fund for Clinical Research grant recipients. To date, NEDA has awarded \$1.3 million.

Officials say funding for eating disorders research is severely lacking despite having the highest mortality rate of any mental illness. The grants will help NEDA make progress toward the advancement of treatment options and prevention projects, they said.

In 2017, NEDA awarded a total of three research grants. Two grants were awarded through the Feeding Hope Fund for Clinical Research grant program (\$100,000 each), and one grant was awarded through the Eating Recovery Foundation Early Career Investigator grant program (\$50,000).

“The National Eating Disorders Association is committed to providing help and hope to those affected by eating disorders,” officials said in a statement to *MHW*. “To this end, NEDA’s Feeding Hope Fund for Clinical Research aims to support projects that will improve the lives of individuals affected by eating disorders.”

“The overarching goal of the Feeding Hope Fund for Clinical Research includes advancing eating disorders research related to prevention, training dissemination and innovative treatment,” NEDA stated. Supported research projects cover a range of research domains relevant to the treatment and prevention of eating disorders, including anorexia nervosa, bulimia nervosa and binge eating disorder, officials said.

Focus of research

The research of this year’s winners will focus on:

- Using virtual reality technology to improve outcomes and efficiency of care for adults in a clinical outpatient environment.
- Examining the effects of promoting body functionality and gratitude with a goal of fostering positive body image and decreasing eating disorder symptoms.
- Evaluating the feasibility and efficacy of peer mentorship among the eating disorder community.
- Developing and testing a mobile app aimed at helping treatment professionals identify clients who are at risk of treatment failure.

One of the projects and a new area of the clinical research fund will feature peer intervention, according to NEDA. The research, titled “Evaluation of Communities of

HEALing Mentorship and Social Support Programs for Individuals with Eating Disorders: Assessment of Feasibility and Efficacy,” will involve matching individuals who suffer from eating disorders with fully recovered peers. Lisa Ranzenhofer and Evelyn Attia are co-investigators. Project HEAL is partnering with the research team to study the effectiveness of peer mentorship to individuals with eating disorders participating in outpatient treatment.

The grants are awarded over a two-year period. Researchers are expected to produce meaningful results within two years of being awarded the grant. Part of the application considerations included the feasibility of collecting the data as proposed, the timelines that the researchers provided mention of any potential obstacles that may need to be overcome and a related reasonable budget, officials said. •

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over other life interests and daily activities; and (3) continuation or escalation of gaming despite the occurrence of negative consequences.

The gaming behavior and other features are normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic requirements are met and symptoms are severe, according to WHO. The forthcoming version of the *ICD* will be published in May 2018.

The American Psychiatric Association’s (APA’s) *Diagnostic and Statistical Manual for Mental Disorders, Fifth Edition (DSM-5)* for the first time introduced nonsubstance addictions as psychiatric diagnoses. The *DSM-5* included internet gaming disorder in its research appendix as a potential new diagnosis.

Nancy M. Petry, Ph.D., professor of medicine at the University of Connecticut School of Medicine and

member of the *DSM-5* Substance-Related Disorders Workgroup of the APA, said that currently there aren’t enough data to let clinicians know whether a gaming disorder is a unique mental health disorder or a manifestation of a cluster of symptoms. More information is needed, she told *MHW*.

Although the *DSM-5* Workgroup voted to include internet gaming disorder in the Conditions for Further Study section of *DSM-5*, they readily determined that existing studies applied no standard criteria to assess the condition.

Petry is lead author of the article, “An International Consensus for Assessing Internet Gaming Disorder Using the New *DSM-5* Approach,” published in the September 2014 issue of *Addiction*. She and co-authors outlined the nine *DSM-5* internet gaming disorder criteria: preoccupation, withdrawal, tolerance, reduce/stop, give up other activities, continue de-

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spite problems, deceive/cover up, escape adverse moods, risk/lose relationships/opportunities.

Petry noted that further studies are needed to determine if these nine proposed criteria add meaningfully to classifying the condition, as well as how the symptoms relate to other conditions, and the extent to which they change over time and in response to treatment.

“The nine criteria were only guidelines, with direct indication that the criteria and threshold required greater study,” Petry said. Such research is ongoing, with recently published studies from European, as well as, Asian countries finding that the *DSM-5* criteria suggested for gaming disorder do appear appropriate.

She recommended WHO not combine/integrate/consider gaming alongside other excessive forms of internet use without distinguishing the nature of the excessive use. “Based on the draft they just released, they are now planning on following that recommendation,” said Petry.

Misdiagnosis concerns

Anthony Bean, Ph.D., a clinical psychologist in Texas and adjunct professor at Framingham State University, noted that WHO is rushing to claim gaming disorder as a mental health disorder. “There is insufficient evidence for WHO to proclaim that this is a diagnosis, and it will lead to misdiagnosis and false positives,” Bean told *MHW*. “It is based upon poor methodological and ideological foundations which put the cart before the horse.”

Bean added that there is no consensus on the matter. “There is a large divide in the community of researchers and clinicians who study and work with this,” he said. “A lot of us are not happy with it. We have no clinical case studies. Those that we do have lack the understanding between high engagement with the material or someone who is highly addicted.”

“Most of the *ICD-11* individuals are using statements like ‘this validates our research,’ which is again, confirmatory bias rather than phenomenological understanding of the concept,” said Bean. “Research should validate the concept, not the concept validates the research. It creates a disparity between the clinicians and researchers, as the researchers are not understanding what they are actually researching.”

Bean led a literature review study, “Video Game Addiction: The Push to Pathologize Video Games,” published in the October 2017 issue of *Professional Psychology: Research and Practice*, which indicated that the currently proposed categories of video game addiction are premature.

‘There is a large divide in the community of researchers and clinicians who study and work with this.’

Anthony Bean, Ph.D.

According to the literature review, teenagers are the main consumers of video games, with 97 percent of those ages 12–17 playing a form of video games across tablets, computers and consoles. The push to pathologize an enjoyable pastime and recreational event for a significant amount of video gamers has generated a large number of problematic and confirmatory studies, but has not resulted in solidarity between studies or overall agreement between researchers.

For instance, past studies have been heavily criticized for a large focus on preoccupation symptoms of video games and video gamers, resulting in a misinterpretation of addiction versus high-engagement

play, which is considered to be healthy psychologically, according to the literature review.

“The criteria being used is not sound research, as it comes from the substance abuse criteria with a change in ‘heroin’ for ‘video games,’” said Bean. “Therefore, we have no theoretical underpinnings to the proposed disorder and don’t understand it as phenomenologically as other disorders such as depression, PTSD [post-traumatic stress disorder] or anxiety which come out of a historical perspective of much more lengthy and sound research studies.”

Bean pointed to his literature review of 2006 research, which estimated 45 percent of the sample from one of the studies met acute addiction criteria, whereas other researchers have conservatively suggested problematic gaming to be closer to one percent of the population.

Bean concluded in his literature review that he and his colleagues “agree with the APA that significant problems remain for the concept of video game addiction and that the extant literature remains problematic, inconsistent and lacking in basic foundational work, particularly as it relates to proposed diagnostic categories.

Going forward, Bean told *MHW* that he would like to see more clinical studies including clinicians, more qualitative research poured into this area, and a better understanding of gaming behaviors from video gamers rather than those who do not appear to understand the video game culture.

Bean added that he’d also like to see a better representation of populations found within the research, more cultural variables, studies into video game use as a coping mechanism secondary to a primary diagnosis of mental health difficulties (i.e., depression and anxiety), and a cultural understanding of video games from a bottom-up approach to research rather than the top-down one we have now leading to confirmatory bias. •

STATE NEWS**Iowa poll reveals deep disapproval with state mental health system**

Nearly two-thirds of Iowans disapprove of how state leaders are handling mental health issues, a new *Des Moines Register*/Mediacom Iowa poll shows. More than half of Iowans also disapprove of how state leaders are handling the Medicaid health care program, K-12 and higher education funding, and taxes, the poll shows, *The Des Moines Register* reported Dec. 18, 2017. Iowa has recently shifted to a 14-region system of overseeing many mental health services, after decades of having each county oversee those services. Proponents of the shift, including Gov. Kim Reynolds, say it is allowing more efficient and fair distribution of mental health services to keep people from becoming so ill they need hospitalization or wind up in jail. Critics contend Iowa still has too few resources, including hospital beds and crisis centers for people suffering from problems such as psychosis or deep depression. The poll results indicate that the mental health system would play a prominent role in next year's election. Seventy-seven percent of Iowans said it would be a major consideration in how they vote.

New Hampshire officials seek plan to bolster mental health

A new report emphasizing the importance of community-based mental health services held few surprises for New Hampshire service providers and advocates. Now

they're looking for a comprehensive plan — funding included — for improving the state's mental health system, the *Valley News* reported Dec. 31, 2017. The recommendations in the report, which was released early December by the New Hampshire Department of Health and Human Services and was conducted by the Massachusetts-based research firm Human Services Research Institute, include increasing peer support and crisis services, and adding permanent supportive housing. The report said that instead of adding inpatient psychiatric beds, the state would be better off targeting its limited resources to prevent severe mental health crises, and support and housing to allow patients to be discharged more quickly from New Hampshire Hospital, the 168-bed state-run acute psychiatric hospital in Concord. "The general takeaway was that we really do need to approach the challenges we're seeing in the inpatient setting from two sides," said Julianne Carbin, the director of the state's Bureau of Mental Health Services.

Montana facility's closing leaves officials scrambling to fill void

Local government agencies and health care facilities are scrambling to fill the void created by the abrupt year-end closure of the Western Montana Mental Health Center's Libby facility, which had been providing evaluation, case management and other mental health services to residents and the county government alike, *The Western News* reported Jan. 5. The Mental Health Center, whose administrative offices

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are located in Missoula, closed the Libby facility — and one in Dillon — following sweeping cuts state lawmakers made during November's special legislative session to address a \$227 million deficit. Cuts to Medicaid reimbursement rates and case management programs are what led to the Mental Health Center's decision to close two facilities and lay off 44 case managers across its 16-county service area, according to a list of talking points dated Dec. 20, 2017, and provided to *The Western News* by Lincoln County Public Health Department employee Jennifer McCully. According to the talking points, the state-level cuts would hit the Mental Health Center with a roughly \$4 million shortfall a year, most heavily in the case management services it provides adults and children. "Mental health professionals from Western Montana Mental Health in Libby provided crisis intervention evaluations in our emergency department at Cabinet Peaks Medical Center to help determine if a higher level of care was needed for our mental health patients," Cabinet Peaks Medical Center spokesperson Kate Stephens said via email. "We have not yet identified a solution to the impacts of their closure, but we are currently working with area clinics and Lincoln County personnel, including the Sheriff's Office, county health, and county commissioners, to develop short and long term solutions for the county as a whole."

California county deputies working with counselors on MH calls

Sacramento County deputies and counselors are teaming up to address the mental health issues in our region, CBS Sacramento reported Jan. 5. Emily Ball and Sandy Stowell, with Sacramento County Behavioral Services, are one of four teams

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Correction

The headline for the article "Event at U.N. addresses rights of people with MI in prisons" in the Dec. 18, 2017, issue of *Mental Health Weekly* should have read "U.N.-affiliated event addresses rights of people with MI in prisons." The Working Group on Human Rights and Mental Health, is part of the Non-Governmental Organization Committee on Mental Health, which consults with the U.N. and its specialized agencies to foster mental health awareness around the globe. *MHW* regrets the error.

Continued from previous page

divided across the region to help on mental health calls. “We have a lot of folks who are struggling in a lot of different ways,” Stowell said. While their skills are from two different departments, they work toward one goal. The team was brought together to address the growing need in our community that’s funded through county money and grant money. “To identify ... somebody who is a true diagnosed mental health patient versus someone who is experiencing some trauma at the moment, it’s really important ... because you’re going to treat them very differently,” Ball said. The two have taught each other important lifelong lessons including how to better serve our community. The team has peer members who continually follow up with individuals who needed the help to prevent future need for crisis services. The program began in 2015, and because of the great success, they now have four teams that cover the entire Sacramento region, officials said.

Colorado implements new BH initiatives throughout state

The Colorado Department of Human Services (CDHS) announced 12 communities across the state will receive support in behavioral health and law enforcement partnerships, KOAA News 5 reported Jan. 10. The partnerships are in collaboration with the CDHS’s Office of Behavioral Health. The two new initiatives — the Law Enforcement Assisted Diversion (LEAD) and Co-Responder programs — will provide local law enforcement with additional tools to neutralize situations that involve mental health or substance use disorders, according to a release. The CDHS says these new tools will help people with mental health or substance use issues get the help they need to reduce the pattern of convicted criminals entering back into the criminal justice system. The Office of Behavioral Health received \$5.2 million this fiscal year from the General Assembly to fund the two

Coming up...

The **University of South Florida** is hosting its 31st Annual Research & Policy Conference on Child, Adolescent and Young Adult Behavioral Health **March 4–7** in **Tampa, Fla.** Visit www.cmhconference.com for more information.

The 2018 Legislative and Policy Conference of the **National Association of County Behavioral Health and Developmental Disability Directors** will be held **March 5–7** in **Washington, D.C.** For more information, visit www.nacbhdd.org.

The **National Association of Psychiatric Health Systems** is holding its annual meeting, “Preparing for Tomorrow: Opportunities in Behavioral Healthcare,” **March 19–21** in Washington, D.C. Visit <https://naphs.org/annual-meeting/home> for more information.

The **National Council for Behavioral Health** is will hold its NatCon18 conference, “Be Heard,” **April 23–25** in **Washington, D.C.** For more information, visit <https://natcon18.thenationalcouncil.org>.

The annual conference of **Mental Health America**, “Fit for the Future,” will be held **June 14–16** in **Washington, D.C.** Visit www.mentalhealthamerica.net/mental-health-america-2018-annual-conference-fit-future for more information.

initiatives. LEAD is a diversion program new to Colorado that looks to equip officers with the tools needed to direct individuals with low-level drug and prostitution offenses to case managers instead of the criminal justice system. The case managers will connect these individuals to resources and services like housing, substance use treatment or vocational training. The Co-Responder program matches law enforcement officers with behavioral health specialists to intervene on mental health-related calls. The communities selected to launch these new behavioral

health initiatives will begin implementing them in early 2018.

Mental Health Weekly

welcomes letters to the editor from its readers on any topic in the addiction field. Letters no longer than 350 words should be submitted to:

Valerie A. Canady, Managing Editor
Mental Health Weekly
111 River Street
Hoboken, NJ 07030-5774
Email: vcanady@wiley.com

Letters may be edited for space or style.

In case you haven’t heard...

President Donald Trump on Jan. 9 signed an executive order directing government departments to try to prevent suicide among military veterans by treating mental health problems before they become more serious, CNBC reported Jan. 10. Trump’s order directs the Departments of Defense, Homeland Security and Veterans Affairs to ensure all uniformed service members have access to mental health treatment and suicide prevention resources in the first year following military service. Veterans Affairs Secretary David Shulkin said the White House wants to address the alarming trend of 20 veterans a day taking their own life. “That 12-month period after you leave service is the highest risk for suicide,” Shulkin told reporters. Currently, only 40 percent of military members have mental health coverage, he said. The new order will cost about \$200 million a year to implement, money that will be diverted from the agencies’ current budgets, a senior administration official said.